

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3634

State File No.

FILED DEC 13 1943

1003

Registration District No.

Primary Registration District No.

Registrar's No. 10529

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME John Fitzpatrick

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased Dec. 28. 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 2 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name John Fitzpatrick

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen McCarthy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Johanna Knapp

(b) Address 906 Penrose Str.

17. (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. A. Work

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 1 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 515 O Fallon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis

Due to Arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature James J. Fitzpatrick
1300 16th (Date signed 12/1/43)

Address..... Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Street

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.